

UNITED STATES DISTRICT COURT

for the

Western District of New York

Kevin Bryant

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Plaintiff(s)

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v.

Civil Action No. 6:18-cv-06170-CCR

Department of Corrections and Community
Supervision, Acting Commissioner Anthony Annucci,
in his official capacity, Chief Medical Officer Carl
Koenigsmann, in his official capacity

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Defendant(s)

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SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Chief Medical Officer Carl Koenigsmann
New York State Department of Corrections and Community Supervision
1220 Washington Avenue
Albany, NY 12226

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Megan Williams, Esq.
Disability Rights New York
725 Broadway
Suite 450
Albany, New York 12207

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 2/28/2018



Mary C. Coughlin
Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____
, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

Western District of New York

Kevin Bryant

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Plaintiff(s)

v.

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Department of Corrections and Community
Supervision, Acting Commissioner Anthony Annucci,
in his official capacity, Chief Medical Officer Carl
Koenigsmann, in his official capacity

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Defendant(s)

)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Acting Commissioner Anthony Annucci
 New York State Department of Corrections and Community Supervision
 1220 Washington Avenue
 Albany, NY 12226

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Megan Williams, Esq.
 Disability Rights New York
 725 Broadway
 Suite 450
 Albany, New York 12207

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Date: 2/28/2018



Mary C. Gallagher
 Signature of Clerk or Deputy Clerk

Civil Action No. _____

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in his official capacity, Chief Medical Officer Carl
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Defendant(s)

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SUMMONS IN A CIVIL ACTION

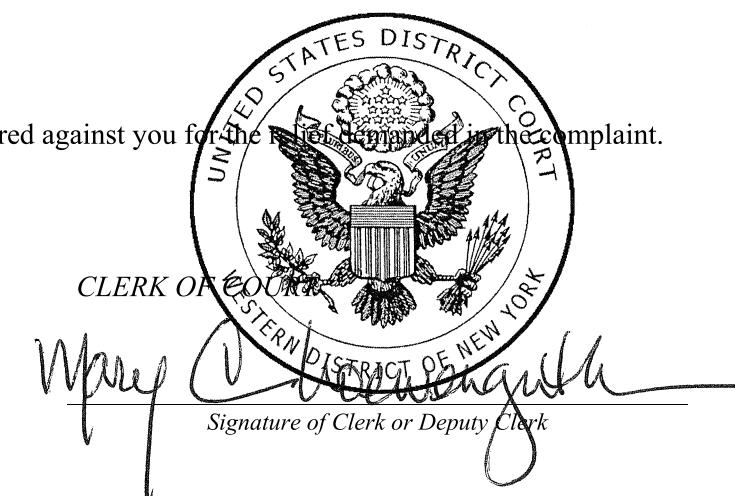
To: *(Defendant's name and address)* New York State Department of Corrections and Community Supervision
1220 Washington Avenue
Albany, NY 12226

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Megan Williams, Esq.
Disability Rights New York
725 Broadway
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Albany, New York 12207

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